U. S. Cost Reimbursable— (Department, bureau, or establishment) Voucher prepared at							PAID BY		
min man			(Give place and d	ate)					
THE UNITED	STATES, Dr.,	Pay	jee's Account No.	. 343	2000				
To								•	
	*.		(Payee)			-			
	(Ad	ldress)	(Oity)	(State)		<u> </u>		· · ·	
No. and Date of Order	Date of Delivery or Service		ARTICLES OR SERVI			UNIT PRICE		AMOU	
		Discount Terms	d other information de	emed necessary)	QUANTITY	Cost	Per	Dollars	
								-	
		Cost						#16,514	
		,							
PAYMENT:									
Complete [
Partial [•				-	
			continuation sheet(s) if n	ecessary					
hipped from			Weight	Government B/L No.	NOT		Total	\$16,514	
		t and just and that payr	nent has not been recei	ived.	yee must NOT				
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Date 6-16-5	5 жр	STA	ATINTL						
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Pe		Tit			ount verified; c				
ontract No. A101 Date		Req. No	Reg. No. Date			itials) Invoice Rec'd,			
ursuant to authori	ty vested in me, I	certify that this account	t is correct and proper	for payment.				- A - I	
Approved for \$	16,514.00			†			S	TATINT	
у			SIGN	! .		-	(Officer)		
y			ORIGINAL ONLY	TitleCo	rtifying	Offic	er		
itle Contract	ting_Office	or		Date	7/55				
TINTL	THE REVERSE OF THE	S FORM MUST BE EXECUTED V	WHEN PURCHASES ARE MADE	E OR SERVICES SECURED WITH	OUT WRITTEN AGE	EEMENT IN	ANY FORM		
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Standard Form No. 1085—Revised Form prescribed by Congressive Con

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES		UNIT PRICE		AMOUNT	
		(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	Cost	Per	Dollars	C
		SYSTEM 1 CONFIDENTIAL PAYROLL					-
		Direct Labor Costs properly chargeable to					
		Contract AlO1 for the period 6-6-55 thru 6-12-55.				\$TATIN	╢
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		Overhead computed at interim rate	 _				
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